

## 2700 INTERNAL TRANSFER REQUEST FOR S.N.

9/ 873 069

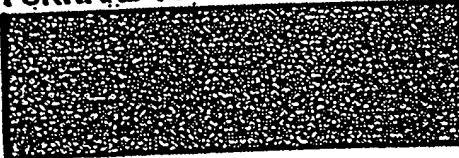
|                          |  |
|--------------------------|--|
| DATE: <u>10/21</u>       | FROM: <u>Kincaid</u> (print name)                      |
| FORWARD TO:              | REASON(S):   |
| A. Art Unit: <u>2631</u> | A. You had Parent <input type="checkbox"/> (check box) |
| B. Class: <u>375</u>     | B. See Title <input type="checkbox"/> (check box)      |
| C Subclass: <u>343</u>   | C. See Abstract <input type="checkbox"/> (check box)   |
|                          | D. See Claim(s): <u>1-3</u>                            |

FURTHER EXPLANATION IF NEEDED:

CDMA receiver correlation means

|                    |  |
|--------------------|--|
| DATE: _____        | FROM: _____ (print name)                               |
| FORWARD TO:        | REASON(S):   |
| A. Art Unit: _____ | A. You had Parent <input type="checkbox"/> (check box) |
| B. Class: _____    | B. See Title <input type="checkbox"/> (check box)      |
| C Subclass: _____  | C. See Abstract <input type="checkbox"/> (check box)   |
|                    | D. See Claim(s): _____                                 |

FURTHER EXPLANATION IF NEEDED:

|   |  |
|---|--|
| DATE: _____   | FROM: _____ (print name)                               |
| FORWARD TO CLASSIFIER   | REASON(S):   |
|  | A. You had Parent <input type="checkbox"/> (check box) |
|   | B. See Title <input type="checkbox"/> (check box)      |
|   | C. See Abstract <input type="checkbox"/> (check box)   |
|   | D. See Claim(s): _____                                 |

FURTHER EXPLANATION IF NEEDED:

## DISPOSITION BY 2700 CLASSIFICATION

|                    |  |
|--------------------|--|
| DATE: _____        | CLASSIFIER: _____                                      |
| FORWARD TO:        | REASON(S):   |
| A. Art Unit: _____ | A. You had Parent <input type="checkbox"/> (check box) |
| B. Class: _____    | B. See Title <input type="checkbox"/> (check box)      |
| C Subclass: _____  | C. See Abstract <input type="checkbox"/> (check box)   |
|                    | D. See Claim(s): _____                                 |

FURTHER EXPLANATION IF NEEDED: